This is the eleventh edition of the quarterly McPin Public Involvement in Research bulletin. In these bulletins we provide news about mental health research and advertise any relevant user and carer involvement in research opportunities and events within the McPin Foundation. We also advertise opportunities for people to get involved in mental health research with other organisations. From time to time we advertise opportunities for people to take part in studies as participants.

If anyone has anything that they would like to include in our involvement bulletin or if you would like to be placed on the mailing list to receive future editions of the bulletin then please sign up here. You can email us at contact@mcpin.org or phone 0207 922 7874.

To sign up as a supporter of the McPin Foundation and to receive our organisational newsletter, also produced quarterly and distributed by email, please click here or go to www.mcpin.org
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We welcome submissions of articles for publication in this bulletin on a voluntary basis. We reserve the right to edit articles that are submitted (in consultation with the contributor) before publication. The views expressed in articles in this bulletin are solely those of the authors and do not necessarily represent the views of the McPin Foundation.
Public Involvement in Research Coordinator

Type: Fixed-term
Duration: 2 years
Location: London Southwark
Salary FTE: £30,201.26 (including £4,000 Inner London Weighting)
Hours: Full time (37.5 hours per week) but part-time working will be considered

We are looking for an experienced Public Involvement in Research Coordinator to join our team to help us transform mental health research.

The post holder will work on a portfolio of studies ensuring high quality public involvement and engagement is provided. Mental health science is a key feature of this programme. The post holder will help to develop and deliver the McPin biomedical research strategy. This will involve developing new and creative ways to meaningfully embed public advisory work in mental health focused biomedical, experimental, and basic research.

We are looking for someone who has at least some familiarity with biomedical or scientific research. The post-holder will also need to have an understanding and some experience of public and patient involvement (PPI)/or public engagement in research. This role will additionally include delivering, planning, or facilitating training and communicating complex messages to a variety of, including non-expert, audiences. The post holder should also have a good understanding of mental health problems and the impact they can have on people’s lives. Some travel within the UK will be required.

Applications close at 09.00 on 28th January, and interviews are likely to be in the week beginning on 5th February.

If this position interests you, please see full job description, application form and equal opportunities forms. Completed forms to be returned to contact@mcpin.org

(Or go to http://mcpin.org/get-involved/vacancies)
Administrator

**Type:** Fixed-term  
**Duration:** 2 years  
**Location:** London Southwark  
**Salary FTE:** £23,818.93 (including an Inner London Weighting allowance of £4000)  
**Hours:** Full time (37.5 hours per week)

We are recruiting an Administrator to provide vital administrative and project support to ensure the smooth running of the head office and core functions.

We are looking for a motivated, highly organised ‘people person’ who will be able to carry out a range of day-to-day tasks including general administration and basic social media and communications tasks, as well as providing support to our team of researchers and public involvement in research (PIiR) experts who deliver cutting edge social research and evaluations. We are all about putting people with experience of mental health problems and carers at the heart of all our research.

**Applications close at 09.00 on 31st January 2018, and interviews are likely to be in the week beginning on 5th February.**

If this position interests you, please see the [full job description](http://mcpin.org/get-involved/vacancies), [application form](http://mcpin.org/get-involved/vacancies) and [equal opportunities forms](http://mcpin.org/get-involved/vacancies). Completed forms to be returned to [contact@mcpin.org](mailto:contact@mcpin.org)
Involvement Opportunities

Lived experience Facilitator – Maternal Mental Health

Mind and McPin Foundation will be working in partnership with the Maternal Mental Health Alliance and Comic Relief to develop a set of Peer Support quality assurance principles for local providers across the UK.

The deadline for applications is 9am on 29th January 2018

What is the opportunity:
We are recruiting four women who have experienced mental health problems whilst pregnant or after the birth of their child.

Those recruited will work with us to co-facilitate three consultation events and a number focus groups in order to help us co-design a series of maternal mental health peer support principles with members of the Maternal Mental Health Alliance and women with lived experience.

To apply you will need to demonstrate how you meet the following criteria:
- Lived experience of a mental health problem whilst pregnant or after birth of your child
- Facilitation experience
- Excellent communication skills
- A good understanding of peer support
- Ability to present and speak to large groups of people
- Ability to travel in the UK
- Good organisational skills
- Team working

Further information about the role can be found here

When is it happening?
Events and focus groups will be taking place across the UK between February 2018 – July 2018, you will be required to take part in three consultation events and at least one focus group during this time. There may also be additional preparation meetings to attend.

What you can expect
Payment will be £230 per day (7hrs) with your expenses reimbursed including travel. We expect this work to take up to 5 days of your time spread across 5 months.

Support and induction will be provided by McPin Foundation and Mind.

Apply to:
Please send your completed application form to engagement@mind.org.uk
Or post it to Leadership and Engagement Team, Granta House, 15 – 19 Broadway, Stratford, London E15 4BQ
Who is involved:
The Maternal Mental Health Alliance is a well-established coalition of over 80 national professional and patient organisations committed to improving the mental health and wellbeing of women and their children in pregnancy and the first postnatal year. Mind is a leading mental health charity; we recently published the findings of our research into Peer Support; Side by Side – Improving Mental Health through Peer Support. McPin Foundation is a research organisation which exists to transform mental health research by putting the lived experience of people affected by mental health problems at the heart of research methods and the research agenda.

Help needed for study proposal aiming to help young people with sleep problems
We have been asked by a research group based at Oxford University to help develop a research proposal. The proposal is around developing a short therapy to help young people who have unusual experiences and sleeping problems. By ‘unusual experiences’ we mean:

- Psychosis
- Hearing voices or seeing unusual things
- Feeling suspicious of others (sometimes this is called paranoia)

The study is being developed now. The therapy used in the study will be based on an existing treatment called Cognitive Behavioural Therapy for Insomnia (CBT-I).

We would love to hear any views that you might have on the proposal and how it might be improved. We are going to be organising a small consultation meeting at the McPin Foundation in London to look at the study proposal. We are looking for 4-5 people aged between 14 and 24 with experience of sleep problems and unusual experiences from London or the surrounding regions to come to a meeting to help develop the proposal.

The meeting will be held during the week beginning Monday February 19th 2018. The meeting dates being considered are February 19th, 21st, 22nd, and 23rd. We aim to hold the meeting between 1pm and 4pm but we can be flexible. We will be able to pay each person £50 for coming. We will also cover all reasonable travel expenses. If anyone is able to come to the meeting please email Thomas Kabir (thomaskabir@mcpin.org) by January 31st indicating which dates you would be able to make.
People needed to join the Patient Advisory Group for the Oxford Cognitive Approaches to Psychosis (O-CAP) research group

Introduction

We are looking for three people living in the Oxford region to join a friendly Patient Advisory Group (PAG) to support the Oxford Cognitive Approaches to Psychosis (O-CAP) research group.

The group ‘investigates why people experience hallucinations and delusions, and use that knowledge to develop truly effective treatments for these problems’. These treatments mainly consist of talking therapies, and treatments using virtual reality or smart-phone apps. Please click here for more details about the research group. We are particularly looking for people to support a study looking at people who have had experiences of feeling that they have exceptional abilities, identity, wealth or fame.

What is the Patient Advisory Group (PAG)?

The function of the group is to help the research team by providing expert input based upon lived experience in the role of a mental health service user.

Group members will need to:

- Have had times when they have felt that they have exceptional abilities, identity, wealth or fame or experienced suspicious thoughts, or psychosis
- Have an interest in mental health research
- Live in the Oxford area meetings will be held in Oxford. Also need to be able to travel independently to meetings
- Be able to read meeting papers and preparing comments prior to meetings

What will be asked of members?

The following will be asked of group members:

- Attending face to face meetings in Oxford three times a year. Meetings will last around four hours (with lunch and breaks). The next meeting is due to be held in early February
- Reading papers ahead of meetings and with other group members providing expertise to support the study team decision making.
• Constructively raising any concerns that you might have and offering possible solutions.
• Responding to occasional correspondence via email between meetings of the group.

Payment of £50 per meeting will be offered and all reasonable travel expenses will be reimbursed. This payment includes reading papers before meetings.

How to apply

To apply please complete the application form and return it by February 9th 2018 to Thomas Kabir (email: thomaskabir@mcpin.org or phone 0207 922 7874). If you have any problems at all filling out the application form please do get in touch so that we can discuss alternatives.

The O-CAP research group is funded by grants from the National Institute of Health Research (NIHR) and a range of other funders.

Call for applications from mental health service users and carers: involvement in a Lived Experience Working Group for a new Mental Health Policy Research Unit

[To view this vacancy on the University College London website please click here]

The Department of Health has set up a new Mental Health Policy Research Unit (PRU), run by a research team based at University College London and Kings College London. This Unit will carry out a programme of policy-relevant research over the next five years, as agreed with the Department of Health.

We are offering paid involvement to up to 12 people with personal experience of using mental health services, or caring for friends or family members who have used services, through joining a Lived Experience Working Group for the PRU. Working group members will attend regular meetings, and use their first-hand knowledge of mental distress and mental health service use to help guide the work of the Unit. Involvement will be offered as and when required: this is likely to approximate to one day’s involvement per month.

You will need some previous experience of contributing to research or mental health service development, as well as your personal experience of using services or supporting a friend or family member who uses services.

• The role description for working group members is available here: Role-Description (click to download the Word file)
• The form for applying for working group membership is available here: Application Form (click to download the Word file)
A payments policy for working group members is available here: Payment-Policy (click to download the Word file)

Completed applications should be returned to: Brynmor Lloyd-Evans, Deputy Director – Mental Health PRU Email: dop.pru@ucl.ac.uk

For an informal discussion or more information about applying to join the working group, please contact the PRU researcher:

**Syeda Akther** Tel: 020 3108 6670 syeda.akther.16@ucl.ac.uk or the PRU Deputy Director: **Brynmor Lloyd-Evans** Tel: 020 7679 9428 b.lloyd-evans@ucl.ac.uk

The closing date for applications is: **Midnight on Sunday 25th February 2018**

Interviews will be held on **Tuesday 13th and Wednesday 14th March 2018**

Health research needs you!

We are looking for members of the public to join advisory panels

The **National Institute for Health Research Central Commissioning Facility (NIHR CCF)** is currently looking for members of the public to join the following panels:

**Invention for Innovation (i4i) programme**
One member on Product Development Award Panel
Policy Research Programme (PRP)
Four members for the PRP Commissioning Panel

Programme Grants for Applied Research (PGfAR) programme
Three member on National Sub-Panel

Research for Patient Benefit (RfPB) programme
Five members across four Regional Advisory Panels: East Midlands (x1), London (x1), South East and Central (x2) and South West (x1)

Deadline for applications: Monday 05 March 2018

Shortlisted candidates will be invited to attend an interview. Please check the Information Pack for interview dates and location.

If you are interested in applying, please download an Information pack and an Application form which provides more details about the role and how to apply.

Information Pack 2018
Application Form 2018 (PDF) - for completion by hand
Application Form 2018 (WORD)- for completion by computer

If you require paper copies of the documents, please contact the Patient and Public Involvement (PPI) team on:

Telephone: 020 8843 8041
Email: publicrecruitment@nihr.ac.uk

Participation opportunities

Participate in research on physical restraint

Have you been physically restrained* in a hospital Mental health ward? Are you over 18?
Would you be interested in taking part in a research project?

*experienced direct physical contact from a mental health professional to intentionally reduce your movement

If the answer is yes to these questions, Pauline Cusack would like to hear from you.

Please contact: pcusack@uclan.ac.uk or Tel: 01772 895112
Digital Technology for Mental Health: Asking the right questions
#DigitalMHQ

The McPin Foundation is working with MindTech on a collaborative project which seeks to discover the top 10 research priorities for digital technology for mental health. We invite you to take part in stage 2 of the project where you can select the 10 most important questions from your point of view.

GO TO SURVEY

Why is this project important?

We know that huge opportunities to transform mental health care are offered by the internet, online services and the wide range of digital technologies, including ‘cutting edge’ innovations such as virtual reality, avatars and robots. But we need to do more research to understand better the impacts of these new technologies and how to use them in the best way. The ‘Asking the right questions’ project seeks to understand what the most important research questions are in this area. To make sure the questions are grounded in the everyday experience of mental health, we conducted an open consultation to gather in the questions people thought needed answering.

We heard from over 600 people with lived experience of mental health problems and health and social professionals. By working with the James Lind Alliance, we are using their established methodology to then work collaboratively to decide which matter the most. By completing the survey, your votes will count towards reaching a final top 10. We will widely publicise the final top 10 questions so that researchers and research funders will see which areas of research deserve priority attention.

- Find out more at www.mindtech.org.uk/digitalMHQ
- Follow the project on Twitter via #digitalMHQ
- To be kept up-to-date contact Lucy Simons on lucy.simons@nottingham.ac.uk
VOICE. CHOICE. CHANGE.

WANT TO GIVE FEEDBACK ABOUT YOUR PSYCHIATRIST?

IF SO, WHY? HOW? WHEN? WHAT MATTERS TO YOU MOST?

AGED 18-65? EXPERIENCE OF PSYCHIATRIC CARE? WANT TO MAKE A DIFFERENCE?

THEN PLEASE COME ALONG TO CHAT ABOUT THESE THINGS OVER SOME HOME BAKED CAKE.

DISCUSSIONS WILL LAST AROUND 60-90 MINUTES AND WILL BE HELD IN SMALL GROUPS. INDIVIDUAL SESSIONS CAN ALSO BE ARRANGED. EVERYTHING SHARED WILL BE KEPT STRICTLY CONFIDENTIAL.

For more information please contact rebecca.baines@plymouth.ac.uk, 01752 586824
We need your help with our study!

How does the social and economic environment affect our mental health?

If you are +18 years old and a UK citizen you could help us find out by participating in our study!

All participants will be entered in a prize draw for one of two £25 Amazon vouchers!

For more information go to: www.lancaster.ac.uk/pg/panagakk/ruminationsudy

Lead researcher: Katerina Panagaki - k.panagaki@lancaster.ac.uk - tel. +44 (0) 74 35 421 441
Postgraduate opportunities

University of Nottingham

Research assistant

Type: Fixed-term
Duration: 30 months
Location: Institute of Mental Health, Jubilee Campus
Salary FTE: £26495 to £28936 per annum, depending on skills and experience. Salary progression beyond this scale is subject to performance.
Hours: Full time - 36.25 hours per week

We are offering a fixed-term post-graduate Research Assistant post in the UPSIDES study, an EU-funded programme to replicate and scale-up peer support interventions for people with severe mental illness in high-, middle- and low-resource settings. The post is based at the Institute of Mental Health in Nottingham.

The main study tasks include collation and synthesis of evidence relating to implementation of peer support, development and validation through focus groups of a conceptual framework, development and use of a fidelity measure assessing organisational readiness to implement peer support, identification of cultural factors relating to peer support work, development and evaluation of cross-culturally valid peer support materials, creation of an online training system, and the use of formal translation methodologies for study materials. The role will include liaison with, and attending study meeting at other sites in Germany [co-ordinator], India, Israel, Sierra Leone, Tanzania and Uganda.

The Research Assistant will join a world-leading mental health recovery research group. The post will be of particular interest to people wishing to pursue a career in clinical research. Applicants who have relevant academic experience outside of mental health services and who wish to develop a career as a mental health service researcher may also be interested, as may people ultimately wishing to develop a clinical or especially a clinical academic role. The ideal candidate will have a strong commitment to recovery and peer support (whether developed through personal experience or through previous work in the area) and be able to show evidence of interest in research and the ability to engage creatively and productively with mental health service users, workers and managers.

Applications close on Monday, 5th February 2018

Further information, including full job description can be found on The University of Nottingham website.

Apply for position

Informal enquiries may be addressed to Mike Slade (m.slade@nottingham.ac.uk)

Please note that applications sent directly to this email address will not be accepted.
Our Mental Health Studies MSc course will equip you with the relevant knowledge in the field of mental health and provide you with the opportunity to examine one area further through both theoretical and empirical research.

While our Mental Health Studies course, which was established in 1992, offers mental health professionals a range of opportunities for continuing professional development, an equally high number of our students have not yet embarked on professional training. Some come with a relevant first degree, usually in psychology, and already have work experience in the mental health field.

Key benefits

- Choice of eight elective modules on offer in a number of different mental health fields.
- Regular contributions from practising clinicians, including world leading experts across all psychiatric specialities from the allied South London & Maudsley Hospital (SLaM), and from visiting specialist lecturers.
- Well-established Voluntary Clinical Placements module, offering placements within SLaM, the largest UK NHS Trust.
- Opportunity to join existing research projects or develop your own research ideas

To book attendance for the Health & Life Sciences open evening, please click here.
Cardiff University

PTSD, affect regulation and personality disorders during pregnancy and the postpartum

PhD Studentship: One three year full-time studentship

Start date: 1 October 2018

Closing date: 23 February 2018

Project description: Whilst much is known about the prevalence and impact of mood and psychotic disorders during the perinatal period, less is known about the prevalence and impact of post-traumatic stress disorder (PTSD) and personality disorders during pregnancy and the postpartum.

The aim of the project is to investigate the diagnostic overlap of PTSD, bipolar and personality disorders during the perinatal period and to examine the pregnancy, childbirth and early infancy outcomes of different subgroups of women and their infants. Working with a team of researchers and clinicians (e.g. clinical psychology, psychiatry and academics) across the School of Psychology and the National Centre for Mental Health (NCMH) you will join our field team in recruiting and assessing women with moderate to severe mental health problems during the perinatal period. You will also have access to existing data sets that fall within the remit of the project. You will develop a unique set of skills during the PhD that will equip you for a career in both academia and clinical settings.

Eligibility: UK/EU UK Research Council eligibility conditions apply

As only one studentship is available, and a very high standard of applications is typically received, the successful applicant is likely to have a very good first degree (a First or Upper Second Class BSc Honours or equivalent) and/or be distinguished by having relevant research experience.

Funding: £14,553 per annum (pro rata for academic year 2018/19). All School of Psychology students receive conference and participant money (approx. £2250 for the duration of the studentship)

Director of Studies: Dr Cerith Waters

For further information on the project please click here or e-mail Dr Cerith Waters watercs@cardiff.ac.uk
University of Birmingham

Mental Health and Wellbeing

PhD Studentship: Suicidal behaviour in South Asian young people: a global emergency.

Closing date: 23rd March 2018

Project description: This PhD project aims to explore the conceptualisation of self-harm and suicidal behaviour in young people in Pakistan, and in the UK in those of Pakistani heritage. The project will address the global challenge themes of Mental Health and Migration and build on UK expertise. Preliminary data collected will add to existing body of research, extending this to an international dataset, able to provide the platform for Global Challenge Network Funding.

The project is split into three phases; The Context of Self harm (an evidence synthesis of existing literature on self-harm and suicide in South Asian young people), Conceptualisations of Self Harm (In-depth narrative qualitative interviews with young people exploring experience and conceptualisations of self-harm and suicide, whilst comparing experiences in UK and Pakistan) and Preferences for Interventions (a cross-sectional survey of school, NGO and patient populations will be conducted).

Funding: Full payment of the tuition fee at Research Councils UK Fee Level for year of entry to be paid by the University. An annual maintenance grant at current UK Research Councils rates to be paid in monthly instalments to the Global Challenges Scholar by the University.

Director of Studies: Dr R Upthegrove, Dr A Lavis

For further information on the project please click here or click to contact Dr R Upthegrove or Dr A Lavis

The Service User & Carer Survey for the Mental Health Act Review is open. If you’ve been detained under the Mental Health Act and/or have cared for someone that has – your voice matters. Click here by February 28th to take the survey: http://bit.ly/2DTN9sU.
INVOLVE at 21

By Vanessa Pinfold with John Gibson, Thomas Kabir,

We recently attended a public involvement conference organised by INVOLVE. INVOLVE was originally set up by the Department of Health in 1996. It remains one of the oldest Public and Patient Involvement (PPI) organisations in the world. We had a stand promoting our own work championing expertise from experience in mental health research. We also produced a poster that was on display and spoke within a workshop session on co-production. Therefore, a busy day!

It was also very enjoyable and extremely interesting, particularly when having the chance to meet researchers from diverse areas of health research. I was in a workshop and the woman next to me asked “do you work with rare diseases?” Another person visiting our stand spoke about dentistry research engaging kids in her school. I understand this is called “science capital”, a concept introduced in one presentation which was new to me, but is about helping us to understand why some people engage in science and others do not.

Another reason the conference was so valuable, was finding out about the new approaches people are using, to involve and engage people in research. Talks from two Wellcome Trust public engagement fellows set the scene as well as sessions covering addiction research, invisible illnesses and being a lay applicant. One of these Fellows is Delia Muir who is based in the Leeds Clinical Trials Unit and a performing arts specialist. Her blog is entitled Performing Health. Delia is passionate about improving patient and public involvement in research, and she has been using creative arts-based methods to work with people with dementia and their families to tell their story and use these in performances to educate others. We also heard from a team using Reform Radio as a platform to encourage young people living in challenging circumstances around Manchester to become more interested in science. Both talks highlighted several key points: the importance of facilitation expertise in being able to engage the public in their work, as well as how vital strong relationships are between academic partners, creating healthy learning environments, and the ability to work in often chaotic and unpredictable situations. Public involvement work usually means approaches need to be flexible to create conditions that are inclusive and respectful of all contributions.
Speaking to other delegates at the conference, and looking at my own experience in large multi-site research projects, I do think facilitation is an undervalued skill in our field. I have also started to think about which other key skills are often taken for granted within public involvement. Things such as mediation and negotiation skills, being a ‘critical friend’ whilst maintaining strong and respectful relationships, and the use of creative approaches. In one study, our lived experience advisory panel created collages to describe our interests in mental health research and the feedback was so positive because for a change it wasn’t flip charts and meeting papers!

In our talk, exploring the differences between co-production and patient and public involvement activities we spoke about how moving furniture was a key part of public involvement. It might seem trivial, and it takes time and effort, but from experience space and the physical environment is so important. You need to break down barriers – both physical and psychological – between academic, clinical and experiential expertise, opening traditional silos to encourage collaboration. The term engagement specialists was mentioned; I do think we need more people whose expertise is public involvement work and for those skills to be valued within universities and other learning institutions. We would be keen to hear what you think are important skills and ways of working to improve public involvement in research. Do get in touch.

John Gibson and I were really pleased with the Twitter conversation that developed during our conference talk (you can find us on Twitter using the handle @McPinFoundation). This is a new phenomenon, the ‘in the moment’ virtual conversations ongoing in the audience, and well beyond, while you are mid-sentence! At McPin we are keen to progress our thinking around co-production and PPI, and we found lots of other people are as well, which is very heartening.

Finally, the conference was closed with a farewell to the outgoing chair of 6 years – Simon Dengri. We were touched by his acknowledgement of how so many people had helped inspire him along the way, including a dear friend of McPin – the late Ruth Chandler. We look forward to more poems and blogs from Simon, and wish Tina Coldham all the best as she leads INVOLVE as the new chair of its Advisory Group.

This article originally appeared as a blog on the McPin Foundation website: www.mcpin.org
Finding other functions for antidepressants

This article is based upon a blog by Leah Shaffer. The original article was published on the Wellcome Trust funded website: mosaicscience.com - you can access the full article here.

The impact of physical factors upon mental health has been quite widely researched, yet less is known about the potential benefits of mental health treatments for physical illness. Findings suggest that one third of antidepressants are prescribed for physical health conditions. An article published on Mosaic Science by Leah Shaffer sheds light on these, as well as her experience of using an anti-depressant called Bupropion to treat a physical health condition known as colitis. This is an edited version of Leah Shaffer’s article.

Drawing from first-hand experience, the author found improvements in her condition whilst taking the drug. Initially, there was concern from her psychiatrist, due to the other medication that she was taking for anxiety and sleep problems, but she found that bupropion did not interfere with her treatment. Research conducted by Michael Briggs (who also suffers from colitis) predicts that, of the people with IBD who have contacted him about using bupropion, 80 per cent have found complete success, while the remaining 20 per cent saw at least some improvement in symptoms.

Other studies suggest that the benefits of antidepressants may extend beyond depression. For example, Brisdelle, a low-dose version of an antidepressant, was created specifically for reducing hot flashes. Another antidepressant, Duloxetine (Cymbalta) is used for nerve pain such as fibromyalgia, or even osteoarthritis. The author outlines how antidepressants are generally used worldwide for several illnesses beyond depression, such as migraines, attention deficit hyperactivity disorder (ADHD) and disorders of the digestive system.

The article demonstrates that the benefits of using anti-depressants extend beyond conditions other than depression. This makes sense, given that anti-depressants target various neurotransmitters within the brain, which in turn affects other bodily processes and functions.

Despite this, the risk remains that doctors do not know about potential side effects of anti-depressants for non-depressed people. For Bupropion, side effects found in clinical trials for depressed participants include insomnia, decreased libido and suicidal thoughts. It may be that similar risks apply for the non-depressed population, but this cannot be assumed without testing. Studies in this area have also indicated that the placebo drug is reportedly almost as effective as the antidepressant. The author underlines that it is difficult to get pharmaceutical companies to invest in studies such as these, due to such inconsistent findings.
Although there are clearly some disadvantages to using anti-depressants to treat other conditions, this approach does offer promising findings. For example, psychiatrist Richard Kast is interested in how anti-depressants can potentially contribute to cancer treatment; including using sertraline for brain tumours and mirtazapine to counteract appetite suppression from the treatment. Therefore, this direction of research may be less conventional, but it may well be worth investing in.

Book Review by Vanessa Yim

Recovery, Mental Health and Inequality: Chinese Ethnic Minorities as Mental Health Service Users

By Lynn Tang

Published by Routledge. ISBN 20170706.

This book was adapted from the author’s PhD thesis, where she examined mental health recovery in Chinese service users in the UK. Using the biographical method with interviewees’ life history as the primary data, 22 Chinese service users with diverse backgrounds in terms of received diagnoses, gender, age, place of birth and class status living in Birmingham, Manchester and London were interviewed between 2009-2010.

The author sought to answer three questions:

1. What do people recover from?
2. What do they recover to?
3. What and how social and structural factors influence the process of recovery?

Tang argues for a community development approach of recovery. In her view, the dominant narrative of recovery is individualistic which does not often promote the service user’s capacity to make choices for themselves (due to factors such as funding cuts in community centres/charities, benefit cuts, and health professionals deciding their treatment options etc.). She also argues that the social determinants of mental ill health and the intersectionality of race, gender, class, sexuality are not addressed adequately for them to recover into.

As someone working in mental health research and also ethnically Chinese, this book caught my attention on a personal level. It touched upon several controversial issues around mental health, such as diagnosis (& labelling), compulsory hospitalisation, and intersectionality. However, in this review I will focus on the specific social factors covered in the book.

Despite the rapid increase in the Chinese population in the UK in recent years, their mental health status is a very under-explored topic in the UK.
Research has shown that there is an under-representation of Chinese people in mental health services (Kwok, 2013; cited in Tang, 2017). Is it because Chinese people are the “model ethnic minority” who are high-achieving and self-contained?

This book debunks a number of stereotypes the public may hold about Chinese people. Firstly, it is not certain whether the under-representation of Chinese in mental health services is due to a lower prevalence, different conceptualisations of illness, stigma, or the presence of institutional barriers. Moreover, the rate of compulsory admission (67%) was found to be higher than average (47%) for Chinese mental health service users. This counters the stereotype of the Chinese being a “model ethnic group” in this regard. Rather, this invisibility adds a layer of difficulty for policy makers to design services that meet their needs. For example, one participant complained about her intestinal pain.

It was later found that the symptom was not caused by any physical illness. The pain was relieved after administering a combination of Chinese herbal medicine and antidepressants in her place of origin. What’s more, as demonstrated by the participant demographics in this study, although all of them were of Chinese ethnicity, they originated from different regions, such as China, Hong Kong, Taiwan, Malaysia, Singapore, and Vietnam, which all have fundamentally different healthcare systems. Therefore, the author cautions that sending service users to their “home” countries should not be an assumed option. Instead, their agency and preference should be respected, as many participants noted, (1) the option of travelling “home” is for people who are financially privileged, (2) this may not apply to second generation Chinese who regard the UK as their homes, or (3) “home” is the place they try to escape from (i.e. “Recover from”).

Many of the participants’ stories illustrated how the stereotype of the Chinese community as a harmonious and close-knit community may not always be true. Some women migrants were overseas brides (women who got married and migrated overseas), who arrived in the UK in the 60s-70s. Apart from their English language proficiency and stress of migration, extra stressors included social isolation as they often had to do domestic work at home. Hence, they are often trapped in “gendered roles” and are dependent on their husbands. Furthermore, they may experience a culture gap with their children, as British-born Chinese may not fully identify with Chinese culture. These negatively contribute to mental ill health and become what they need to “recover from”. However, the lack of financial freedom, gender inequality and adjustment problems associated with migration hinder the process of recovery, especially if marriages break down and are no longer seen as a safe and secure haven.

As for the catering business, poor working conditions were indicated by some participants as something they need to recover from. Chau and Yu (2001, cited in Tang, 2017) suggested the “double social exclusion” among Chinese people from the British and other Chinese, as the Chinese catering business is geographically dispersed to minimise competition. This self-sustaining economy seems to overshadow the issues of poor working conditions and the lack of choices for this group of marginalised people in the mainstream labour market. In other words, the author notes that this situation can be seen as colluding with the exploitation and limiting their capabilities. These phenomena seem to be culturally-specific to Chinese people with regards to the social and historical contexts of migration yet haven’t been well-addressed by service providers. I would like to see further research on other Chinese migrant groups.
such as the international student community, and the recent Chinese immigrants who settle in the UK for career opportunities.

The research method used was unique. I was particularly struck by the author’s honest and thoughtful account of her own experiences as a Chinese migrant and a service user in Hong Kong and in the UK. She reflected on her own privileges as someone with high educational attainments and her strengths that made her the right person to research on this topic. As opposed to hiding her identity, her service user expertise was seen as a positive to this research and her motivation to explore this field. She even included her own story as part of the dataset, as she believed this would enrich its diversity, despite this being unusual for this type of research. But she was aware of the emotional intensity and sought support from a mentor in this process. As I am currently working on a randomised controlled trial, I sometimes lose sight of the importance of one’s choice for treatment and the rich narrative drawn from qualitative research. Unlike other research where participants’ identity is randomised, one participant wished to use his real name as he felt more empowered that way and did not feel ashamed of his experiences.

Overall the tone of the book is academic and not a light bed-time read. However, this unique research adds to the limited evidence-base on the important issues of mental health service provision in the UK, not only to the Chinese people, but all minority groups alike.

**Book review by Vanessa Yim**


**Book reviewers wanted!**

If you would like to review a book for us then please let us know. The book needs to be on a mental health topic (ideally vaguely related to research, mental health services, and so on) and be reasonably priced. If you write a review for us, we will buy the book for you, and we will give you a £20 gift voucher as a token of our appreciation. Please email thomaskabir@mcpin.org if you have any suggestions.
Mental Health Research in the News

The following articles include edited content. The original material can be found using the links provided. The summaries were prepared by Chris Chatterton and Rachel Temple.

Exercise that demands focus: a natural medicine for depressive symptoms?

On 1\textsuperscript{st} November 2017, the \textit{BBC} released a special edition of the TV programme \textit{Trust me I'm a doctor}, where they discussed the benefits of exercise for mental health. Exercise and its advantages for mental wellbeing is often overlooked, due to its primary physical health benefits. However, research suggests that regular activity can really help to improve self-esteem, general mood and can even reduce anxiety and depression. This ‘boost’ is associated with endorphins that are released when we exercise - a hormone that helps produce positive feelings.

Interestingly, the documentary mentioned research that was conducted in Germany, which found that certain types of exercise are especially effective for regulating mental health. The researchers found that ‘bouldering’ (rock climbing, but without the ropes) is a good choice of sport for reducing depression. The idea behind it is that, unlike other forms of exercise, bouldering calls for a strong focus on technique and balance. In other words, attention is fully preoccupied on not falling, which reduces the chances of the mind wandering to negative thoughts - that otherwise tend to exacerbate depressive symptoms.

The programme also discussed other types of exercise that may have the same therapeutic impact, including dancing, which also requires attention to skill, leaving no space for negative thoughts. Practicing these activities may thus make symptoms more manageable.

Virtual reality: a promising new treatment for mental health problems?

The \textit{Guardian} recently reported on the benefits of using virtual reality for mental health problems. Specifically, the article sheds light on an individual’s experience of using the software to confront his acrophobia (chronic fear of heights). The individual was on top of an incredibly tall building, whereby he was instructed by the psychologist to rescue a cat from a tree. Of course, this was all experienced in a three-dimensional world, but it was realistic enough for the individual to report feeling very anxious whilst in the virtual situation.
After this experience, the individual felt able to ride a rollercoaster with his daughter for the first time - a significant breakthrough.

As well as acrophobia, virtual reality has been shown to decrease symptoms of other mental health problems. These include paranoia, depression and fears of public speaking. Improvements have been reported after just thirty minutes of treatment. Remarkably, results that can usually take up to 12 weeks, were achieved after just one afternoon.

Due to these encouraging findings, psychologists are hopeful that virtual reality could revolutionise mental health treatments - addressing key issues such as long waiting lists, travel, and limited time. It is even suggested that a virtual therapist may be developed, which could help with the lack of accessible therapists. However, caution must be taken when considering this an as alternative to therapy. Psychologists argue that we are not yet at the stage where virtual reality is commercially available. They also warn that its exposure content can be triggering, especially for individuals experiencing paranoia. In addition, this approach could have the potential to generate significant profits, and would need to be carefully regulated.

Therefore, issues such as these need to be accounted for when considering its use on a wider scale. For now, it is advised that a staff member is always present during virtual reality treatments. Hopefully in the future, more mental health professionals will invest in virtual reality. In a society with psychological needs on the rise, virtual reality could make an effective difference.

The Problems of Perfectionism

There has been a growing discussion around the rise of perfectionism recently, and how this could be having a detrimental effect on young people’s mental health. Young people are exposed to competitive environments everyday - whether it is achieving grades at school, or receiving Facebook likes online. These modern-day pressures have led to an increase in setting unrealistic standards, and then feeling like a failure when those standards are not met.

In a recent study, researchers measured levels of perfectionism within college and university students. Using questionnaires, they measured three different strands of perfectionism; high expectations placed on ourselves, expectations we think others place on us and the standards placed on others. Perhaps not surprisingly, findings showed that perfectionism had increased by up to 10-33 percent in all three subtypes when compared to earlier generations of students.

Given the recent rise in mental health problems, the researchers suggested that this rise of perfectionism could be a cause for concern. It would make sense that unrealistic expectations, derived from perfectionism, could lead some individuals to develop problems such as anxiety, depression and eating disorders.
Whilst this is certainly a worrying discovery, awareness opens the doors for intervention. And the article in the Guardian highlights the need to protect future young people from falling into the perfectionism trap.

Perhaps one way to achieve this, is for schools and universities to start educating about the dangers of perfectionism, and to promote realistic goals and expectations. To access the paper, Click Here.

The Mental Elf (www.nationalelfservice.net/elf/mental)

The Mental Elf has again been busy finding and reviewing new research. Over the following pages we pick out some of the highlights …

Inflammation increases risk of eating disorders

The Mental Elf reports on a new Danish study looking at the biological factors related to eating disorders. The researchers were interested to know whether autoimmune/autoinflammatory conditions increase the chances of developing an eating disorder.

Children that were born between 1989-2006 and diagnosed with an autoimmune or autoinflammatory condition were monitored until 2012, to see if they went on to develop an eating disorder. Findings showed that, compared to the average population, these individuals were at a higher risk of experiencing an eating disorder. Evidence also suggests that children with an immediate family member that had an autoimmune or autoinflammatory condition, also increased their chances of having an eating disorder.

The Mental Elf highlighted the implications of these results. Ultimately, eating disorders may be related to inflammation, which has been reflected in other mental health problems. With biological evidence to work with, mental illness is arguably not so ‘invisible’, therefore these findings could challenge stigma and improve perceptions of mental health. The abstract for this paper can be found here.

The Issue of Problematic Facebook Use

Concerns surrounding the use of social media continue. Mental Elf highlighted new findings about Facebook and its potential negative effects on mental health. In this study, a systematic review and meta-analysis were carried out.
The researchers looked at associations between ‘Problematic Facebook Use’ (i.e. excessive Facebook use) and psychological distress and wellbeing - such as anxiety and depression.

The findings showed a significant relationship between Problematic Facebook Use and psychological distress, suggesting that Facebook is potentially harmful for mental health. Importantly, this relationship was larger in young adults in comparison to adolescents, which could indicate that the negative effects of Facebook increase with age. In other words, the more Facebook is used, the more anxiety and depression may be experienced.

This study offers further evidence that social media may be detrimental to mental health and wellbeing. The researchers were able to collect data from a range of studies, both published and unpublished, as well as those outside of the English language, in their search. Despite this, there remains uncertainty as to whether Problematic Facebook Use increases with age; and studies to measure this for a longer period are therefore needed to provide stronger evidence for this. However, this remains a worrying discovery, given that social media use continues to expand. Read the abstract from the paper here.

Other Mental Elf highlights include:

Workplace mental health training works, but do you have the confidence to act? Click here to read the article

Psychiatrists and psychologist: who are they and what do they do? Click here to read the article

Can gamified cCBT prevent depression in secondary school students? Click here to read the article

Thank you for reading our Public Involvement in Research bulletin! Please do send in suggestions for articles or news to include to thomaskabir@mcpin.org. It was produced by McPin Foundation, registered charity 1117336. Find out more about us at www.mcpin.org